EPA 5: Management of Neonatal Care Systems

Supervision Scale for This EPA

1. Trusted to participate only
2. Trusted to execute with direct supervision and coaching
3. Trusted to execute with supervisor occasionally present to provide advice
4. Trusted to execute without supervisor present but requires coaching to improve member and team performance
5. Trusted to execute without supervision to improve member and team performance

Description of the Activity

Managing the systems of health care delivery for NICU patients is a challenging but critical activity for the neonatologist. The focal components of this professional activity build upon those of managing the care of a single infant/neonate, such that the learner demonstrates skill at prioritizing the needs of a NICU population, assessing the needs of patients moving in and out of the NICU (including but not limited to transport, labor and delivery, OR, radiology, discharge), and collaborating with a complex set of professionals necessary to maximize the safe and effective care of a NICU population.

The specific functions which define this EPA include:

1. Fluidly assessing the needs of a NICU population with changing acuity and census to optimize outcomes for all
2. Prioritizing deployment of resources (transport, beds, nursing, front line clinicians, etc.) to those patients with the highest acuity and/or most pressing needs
3. Developing a utilization plan that incorporates the prioritized needs of individual patients, the composition, and capabilities of personnel with the care environment (NICU, transport, delivery room, OR, radiology suite, etc.), and the needs of parents and family support
4. Delegating responsibilities appropriately to other qualified members of the care team when necessary.
5. Recognizing limits and asking for help
6. Communicating utilization and deployment plans to personnel in a succinct and timely manner that contributes to the effectiveness of the utilization plan
7. Anticipating the potential for sudden changes to the NICU system and developing contingency plans to account for and adapt to predictable changes in acuity and/or census

Judicious Mapping to Domains of Competence

- [X] Patient Care
- [ ] Medical Knowledge
- [ ] Practice-Based Learning and Improvement
- [ ] Interpersonal and Communication Skills
- [ ] Professionalism
- [X] Systems-Based Practice
- [X] Personal and Professional Development
Entrustable Professional Activities
EPA 5 for Neonatal-Perinatal Medicine

Competencies Within Each Domain Critical to Entrustment Decisions

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Context for the EPA

Rationale: Neonatologists must be able to anticipate and manage the needs of the entire NICU population to maximize the safe and effective care for individual patients.

Scope of Practice: The patient population includes ill term newborns (born after 37 weeks 0/7 days) and premature infants (born before 36 6/7 weeks) from NICU admission until discharge. The scope of practice will require different knowledge and skill sets that vary with the patient populations encountered in level 1, level 2, level 3, and level 4 NICU settings. The neonatologists will need to modify approaches as applicable in each of the differing environments to optimize care for that patient population.

Curricular Components That Support the Functions of the EPA

1. Fluidly assessing the NICU population to optimize outcomes for all
   - Manages time efficiently while multitasking and minimizing interruptions
   - Weighs the need of individual patients within the context of the entire NICU population
   - Considers multidisciplinary input from all caregivers to maximize care of the NICU population

2. Prioritizing deployment of resources (transport, beds, nursing, front line clinicians, etc.) to those patients with the highest acuity and/or most pressing needs
   - Actively locates information regarding resources, services, and practices to provide an appropriate level of care
   - Appropriately determines the acuity level of a patient
   - Maintains active and regular communication with other multidisciplinary leaders in NICU regarding resources and priorities as situations unfold
   - Engages in closed-loop communication for serious concerns
   - Builds consensus
   - Prioritizes resources proactively to those with highest needs to prevent interruption of aspects of patient care that can be anticipated
   - Provides appropriate supervision of transport services
   - Coordinates seamless transitions of care between settings

3. Developing a utilization plan that incorporates the prioritized needs of individual patients, the composition, and capabilities of personnel with the care environment (NICU, transport, delivery room, OR, radiology suite, etc.), and the needs of parents and family support
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- Includes family in a shared decision-making process
- Welcomes and addresses questions from the family
- Verifies with direct questions the concerns parents have about their baby’s condition
- Weighs the family level of comfort for discharge
- Modifies the plan considering the social, educational, and cultural contexts of care
- Identifies available support systems
- Advocates proactively and effectively for the team with staff, families, and others
- Suggests a utilization plan that is thorough, identifying and addressing all key issues

4. Delegating responsibilities appropriately to other qualified members of the care team when necessary

- Understands the broader connectivity of the neonatologists to the NICU system and the complementary nature of other team members
- Demonstrates awareness of the unique contributions of other health care professionals
- Seeks input actively from all NICU team members and delegates authority to others when appropriate
- Empowers team members to take ownership and actively participate in decisions
- Inspires others to perform at the best of their ability
- Generates a strong sense of open communication within the team

5. Recognizing limits and asking for help

- Understands the limits of his/her knowledge and abilities
- Appreciates limitations to patient care that may exist in some NICU systems, particularly lower level NICUs
- Considers and advocates transfer to alternate facility when appropriate
- Utilizes available support systems and seeks help when patient needs exceed personnel or system abilities to provide care
- Communicates effectively to parents, staff, and other health care providers when the professional responsibility for the patient has changed

6. Communicating utilization and deployment plans to personnel in a succinct and timely manner that contributes to the effectiveness of the utilization plan

- Competently states the correct information in a succinct manner in complex and demanding situations
- Presents all pertinent information for both active and anticipated issues

7. Anticipating the potential for sudden changes to the NICU system and developing contingency plans to account for and adapt to predictable changes in acuity and/or census

- Demonstrates the specific knowledge, skills, and attitudes required for effective care coordination within all NICU levels
- Appropriately manages sudden changes to the NICU system to optimize patient care
- Proactively develops contingency plans aimed at addressing changes in acuity and/or census
- Maintains a positive attitude and projects confidence in the face of adversity
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